

Commerce and Compliance Division (CCD) Investigator and Inspector Title VI Training Certification

Inspector Name: _____

Agency / Department: _____

Date completed Inspection Course or Refresher: _____ - _____ - _____

I (Print Name) _____ certify that I have reviewed and understand the Title VI training provided herein and will adhere to Title VI and all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules, regulations and policies provided in this training.

(Signature) _____

Instructions

- 1) If you have any questions, please contact [Kenneth Oke](mailto:CCDTitleVI@odot.oregon.gov) (CCDTitleVI@odot.oregon.gov).
- 2) Email this signed form to [Abe Dunivin](mailto:Leonard.A.DUNIVIN@odot.oregon.gov) (Leonard.A.DUNIVIN@odot.oregon.gov) or mail to:
Abe Dunivin
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